

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

REQUEST FOR ACCESS TO FAMIS INFORMATION

ACCESS OR REVOCATION OF PROFILE TO A FAMIS USER GRANTED BY LOCAL SECURITY ADMINISTRATOR

ACCESS ON REVOCATION OF THORSE TO AT AWAS USEN GRANTED BY ECOAL SECONT TADMINISTRATOR						
NAME OF REQUESTER USER ID						
CHECK THE PROFILES TO "A"DD OR "R"EVOKE						
PROFILE PROFILE ID ACTIONS DONE SUGGESTED AUDIENCE						
	PROFILE	PROFILE ID	ACTIONS DON		30GGESTED AC	DDIENCE
A R	Resource Directory Inquiry Resource Update Registered Provider Update Courtesy Application County Supervision CC Provider Attendance CC Reimburse Attendance Caseload Maintenance Case Transfer Check Update Universal Used Unrestricted Caseworker Supervisor Clerical Childrens Services	DFS\$P701 DFS\$P702 DFS\$P703 DFS\$P705 DFS\$P720 DFS\$P721 DFS\$P722 DFS\$P723 DFS\$P724 DFS\$P734 DFS\$P735 DFS\$P752 DFS\$P752	Inquiry Resources/Reg Pa Maintain resources in Resource Maintain registered CC pa Client data update, caseld Invoice attendance entered Client CC receipts entered Maintain caseloads & sup Chg client address to new To record when check ref	ce Directory roviders coad data ed d o units v county	All Users Clerical, Caseworkers Clerical, Caseworkers, Super Caseworkers, Supervisor County Directors, Super Clerical, Caseworkers Clerical, Caseworkers County Director, Superv Clerical, Supervisor Staff That Handles Checks R County Directors, IM Su Caseworkers Supervisor Clerical CS Staff	visor isors, Clerical Returned to County
	EAW	DFS\$P762			Energy Assistance World	kers
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Revoke All Access Revoke all profiles assigned to FAMIS User						
I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or change in access enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I have been made aware by signing the confidentiality agreement and verbally there are numerous state and federal statutes making information confidential and that those statutes can carry penalty provisions for unauthorized disclosure of the information. Violations or disclosures on my part may result in disciplinary action that could include one or all of the following: 1) suspension; 2) civil court action; and 3) dismissal. I agree not to divulge or share my password with anyone.						
SIGNATURE (PERSON REQUESTING ACCESS) TITLE			SSN			DATE
SUPERVISOR						DATE
LOCAL SECURITY ADMINISTRATOR						DATE
ENTERED INTO FAMIS BY						DATE
Signature of FAMIS users that have terminated their employment or contract with FSD or are no longer a volunteer are not required to revoke all access to FAMIS profiles.						